Under the Pap	erwork Reduction	on Act of 1995, no person	is are req	U.S. Pati juired to respond to a collec	ent and Trade tion of inform	emark Office; U.S. E ation unless it displa	REPARTMENT OF COM Bys a valid OMB control	nui
(Complete If Known				_		
FEE TRANSMITTAL				Application Number	10/605,923			
				Filing Date	Novem	November 6, 2003		
for FY 2006			First Named Inventor	_	I. Bentwich			
			- 1	Examiner Name	_	SHUBO		_
Applicant claims small entity status. See 37 CFR 1.27					,	0.1000		
				Art Unit	1631	331		
TOTAL AMOUNT OF PAYMENT (\$)65.00				Attorney Docket No.	06087.	87.0200.CPUS08		
METHOD OF PAYMEN	T (check all	that apply)						
Check Credit	Card 1	Money Order	None	Other (please iden	tify):			_
Deposit Account Deposit Account Number: 08-3038 Deposit Account Name: Howrey Simon Arnold & White								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s)								
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card								
information and authorizatio								_
FEE CALCULATION (1. BASIC FILING, SEA				g or may be subject	to a surc	harge.)		_
I. BASIC FILING, SEA		H FEES	EYAMINA.	TION FEES				
		imall Entity	LAITO	Small Entity	LAMINITA	Small Entity		
Application Type	Fee (\$)		ee (\$)		Fee (\$)	Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0 -		
2. EXCESS CLAIM FE	ES					Sı	nall Entity	
Fee Description Fee (\$)							Fee (\$)	
Each claim over 20 (inc	luding Reiss	sues)				50	25	
Each independent claim over 3 (including Reissues)						200	100	
Multiple dependent claims						360	180	
Total Claims - 20 or HP	Extra Clai	ims Fee (\$) x 25	Fees	Paid (\$)		Multiple Deper	ndent Claims Fee Paid (\$)	
HP = highest number of total cl			_				1001 1111	
ndep. Claims	Extra Clai	ims Fee (\$)	Fees	Paid (\$)				
- 3 or HP		x <u>100</u>						
HP = highest number of indepe		aid for, if greater than 3						
3. APPLICATION SIZE				er (excluding electro		_4		
				ie is \$250 (\$125 for s				
		35 U.S.C. 41(a)(1)() tor each acta	iioiiii 20	
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)							Fee Paid (\$)	
- 100 = /50= (round up to a whole number) x\$125								
4. OTHER FEE(S)							Fee Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge):Declaration (small entity)							\$65.00	
	our country	-, Junionom (anna	omit	··				=
SUBMITTED BY			Lo.	intration No. 36 107		I	(242) EDE 4400	

e (312) 595-1408 /David W. Clough, Ph.D./ (Attorney/Agent) Name (Print/Type) David W. Clough, Ph.D. Date June 9, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option.